



MEDCOM Regulation 40-54

Universal Protocol: Procedure Verification Policy



Policy Update

Surgeries and procedures performed on the wrong patient or wrong side/level/site continue to be a part of our Patient Safety Culture.

MEDCOM Regulation 40-54 replaces MEDCOM Circular 40-17

Documentation: MEDCOM Form 741 Universal Protocol: Procedure Verification Checklist and MEDCOM Form 741-1 Non_OR Procedure Verification Checklist

The Joint Commission (TJC) Universal Protocol (June 2008) is incorporated into Reg 40-54.



***Everyone is
responsible!***

***Safe Surgery/Procedural Care is
more than Checking the box***

***Redundancy at critical points is
to ensure the correct
procedure at the correct body
site is performed on the
correct patient.***



Universal Protocol

- 1. Pre-procedural verification process- UP01.01.01***
- 2. Mark procedural site - UP01.02.01***
- 3. Time-Out - UP01.03.01***



Pre-Procedural Process

Verification of the correct person, correct surgery, and correct procedure occurs:

- a. At the time the procedure is scheduled***
- b. At the time of preadmission testing and assessment***
- c. At the time of admission or entry into the facility for a procedure***
- d. Before the patient leaves the pre-procedure area or enters the procedure room***
- e. Anytime responsibility for care is transferred***



Who should verify?

***All are responsible for checking
Licensed personnel are
responsible for checking and
documenting on MEDCOM Form
741 for all OR procedures; 741-
1 for minimally invasive
procedures conducted in clinics***



When to verify?

Pre-Procedural Area UP1.01.01

Clinical Staff verifies patient identity and consents.

Operating Provider verifies elements prior to marking site.

Anesthesia verifies anesthesia plan and upon administration of regional anesthesia

Circulating nurse, holding area nurse, or procedural assistant before moving to procedural area.

What should be verified?



Patient - Name and Date of Birth

Consent - No abbreviations, complete, dated and signed.

Is everything ready? Use the checklist (741)

Plan of care is consistent with intended procedure: review consent, H&P, Progress note, diagnostic tests, radiographs, Buck slip, blood products, implants, devices, equipment, etc.



Marking the Site

The goal of mark is to give all team members a visual cue to the intended site. When the mark is not present every person is empowered and responsible to speak up.



Who marks the site?

Provider performing the procedure(s) is responsible for site marking before the patient is moved to the procedure room.



How to mark the site

- 1. Provider uses his/her initials as mark***
- 2. Use indelible ink so mark is permanent after prep and drape***
- 3. Mark at or near site so mark is visible after prep and drape***
- 4. Approach from midline or natural orifice, mark entry site and indicate laterality of organ***



Alternate Marking Method

Instances when marking is not feasible or patient refuses

PROVIDER performing procedure

Identification band

placed on patient

visible

name and date of birth

consented procedure

indicate laterality (side/level/site)

Remove band once procedure is complete



TIME-OUT

The Purpose of Time-Out is the last opportunity for the team to determine that it has a shared mental model and all is ready for the planned event.



Conducting a Time-Out Brief

- 1. All members of the operating team are present and fully engaged.***
- 2. The operating provider engages the Team in an interactive conversation.***



Time-Out Brief

Identify Team Members - any new?

Review roles and responsibilities

Articulate the goals

planned procedure

planned anesthesia

specific patient needs

equipment review

expected length of surgery

any expected call outs (changes in positioning, laterality, vital signs, closing)

Staff/attending availability during procedure - Radiologist, pathologist

Workload among team - need plan for handoff



Time -Out

Provider calls for the Time-Out

- 1. Correct patient: Name and Date of Birth***
- 2. Consent signed and consistent with plan***
- 3. Position***
- 4. Required items available: images, equipment, implants, blood products***
- 5. Antibiotics given; fluids for irrigation***
- 6. Any safety precautions: med allergies, latex allergies, PMH***



Time-Out

***The operating provider
empowers the Team:***

***“Does anyone see a safety or
quality concern?”***



Discrepancy

The operating provider is obligated to listen to Team concerns and if expressed, procedure is delayed until concern or discrepancy is resolved.



Concurrent or Sequential Surgeries

Separate Time-Out is performed when there are concurrent or subsequent Time-Outs will be performed for each procedure.

Spinal Surgeries with intra-operative marking require a second Time-Out.



Anesthesia

Regional Anesthesia is considered a separate procedure and must have a UP process: pre-procedure, marking, Time-Out.

MEDCOM Form 741 has a separate area for documentation of Regional Anesthesia.



Documentation

MEDCOM Form 741, Universal Protocol: Procedure Verification Checklist, will be used in all operative areas.

MEDCOM Form 741-1 may be used in non-OR settings that place patients at minimal risk for error.



Engaging Patients

Verbalization

Participation in Mark

Time-Out

What to expect